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# STATE OF SOUTH DAKOTA
# Statement of Legal Newspaper Ownership and Circulation

| | | |
|---|---|---|
| 1. TITLE OF NEWSPAPER: Lyman County Herald | | 2. DATE: 9/29/2023 |
| 3. FREQUENCY OF ISSUE: WEEKLY | 3A. NO. OF ISSUES PUBLISHED ANNUALLY: 51 | 3B. ANNUAL SUBSCRIPTION PRICE: $45 |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 518, Presho, SD 57568 | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): Same | | |
| 6. FULL NAME OF PUBLISHER: Melissa A. Slaba | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.<br>FULL NAME: Slaba & Sons, LLC dba Lyman County H<br>COMPLETE MAILING ADDRESS: PO Box 518, Presho, SD 57568 | | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.: Kim & Lucy Halverson, Oacoma, SD | | |

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
|---|---|---|
| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) | 1,000 | 1,000 |
| B. PAID AND/OR REQUESTED CIRCULATION<br>1. Sales through dealers and carriers, street vendors, and counter sales. | 65 | 66 |
| 2. Mail Subscription (Paid and or requested) | 684 | 658 |
| 3. Paid Electronic Copies | 34 | 39 |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.) | 749 | 724 |
| D. FREE DISTRIBUTION<br>1. BY MAIL, CARRIER OR OTHER MEANS | 8 | 8 |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | 14 | 14 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 771 | 746 |
| F. COPIES NOT DISTRIBUTED<br>1. Office use, left over, unaccounted, spoiled after printing | 30 | 50 |
| 2. Return from News Agents | 199 | 204 |
| G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.) | 1,000 | 1,000 |

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**

**I swear that the statements made by me are true, correct, and complete:**

(Signature)

Owner
(Title)

State of South Dakota )
§
County of Lyman )

Sworn to before me this 5th day of October, 2023

DelRae Diedrich
Notary Public

(Seal) DelRae Diedrich NOTARY PUBLIC SOUTH DAKOTA

My commission expires: 8-11-2026

Form: SOS REC 051.0 2016